

ANNUAL TEENAGE PUBLIC DANCE PERMIT APPLICATION
(Admit only persons 14 years of age & over & who have not reached their 19th Birthday.)
FEE: \$50.00 LMC Chapter 5.20
LICENSE YEAR: JUNE 1 THRU MAY 31

RETURN TO:
City Clerk's Office, 555 S. 10th St., Room 103, Lincoln, NE 68508

PLEASE ALLOW 2 WEEKS FOR PROCESSING

NOTE: A site plan which would include a diagram of the space to be used for dancing, dressing rooms, check rooms, bathrooms, entrances, exits, stairways, elevators & fire escapes **must** be attached to this application *prior* to submission. **APPLICATION WILL BE RETURNED IF THIS IS NOT SUPPLIED.** A new Application must be submitted if any change is made from the application as previously submitted & approved.

Please PRINT using blue or black ink only.

| APPLICANT'S INFORMATION <i>(must be 21 yrs. of age)</i> | | | | | |
|---|--|--------|--|------|--|
| NAME: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP: | |
| PHONE #: | | CELL#: | | | |
| D.O.B.: | | | | | |

| BUSINESS INFORMATION | | | | | |
|----------------------|--|--------|--|--------|--|
| NAME: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP: | |
| PHONE #: | | CELL#: | | FAX #: | |

| MAILING INFORMATION | | | | | |
|---------------------|--|--------|--|------|--|
| NAME: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP: | |

| PROPERTY OWNER'S INFORMATION | | | | | |
|------------------------------|--|--------|--|------|--|
| NAME: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP: | |

MAX. # OF PERSONS ALLOWED ON THE PREMISES: _____

FLOOR(s) OF THE BUILDING WHERE THE DANCING & ALL OTHER ROOMS WILL BE LOCATED:

MINIMUM NUMBER OF ADULT SUPERVISORS: _____

| EMPLOYEE INFORMATION | | |
|---|--|--|
| <i>Names of all persons employed by applicant in conducting dance</i> | | |
| | | |
| | | |
| | | |
| | | |

Have any of the above-named individuals been found guilty or plead guilty to a misdemeanor involving moral turpitude or have been convicted or plead guilty to any felony?

Yes _____ No _____ If yes, give particulars: _____

| NAME(S), ADDRESS(ES), & AGE(S) OF SUPERVISORS | | |
|---|--|-----|
| Names | Addresses (Include City, State, & Zip) | Age |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*Please Note: Lincoln Municipal Code Section 5.20.130 **requires** all dances to end by 1 a.m.*

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

Applications are available on the City's web site at "www.lincoln.ne.gov"

REFERRALS

FIRE PREVENTION BUREAU:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

HEALTH DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

CODES ADMINISTRATION:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

PARKS DEPARTMENT: *(only if event involves Park property)*

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

